

KENT COUNTY COUNCIL.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER,

For the Year 1916,

BY

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School Medical Officer.

Maidstone:

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1917.

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KENT COUNTY COUNCIL.

EDUCATION COMMITTEE, MAY, 1917.

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* Indicates that the Member belongs to the Elementary Education Sub-Committee. This Sub-Committee is responsible for carrying out the work of medical inspection.

DEPARTMENT OF THE COUNTY MEDICAL OFFICER,
SESSIONS HOUSE,
MAIDSTONE,

June 1st, 1917.

To the Chairman and Members of the Kent Education Committee.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit herewith my Fourth Annual Report upon the work of medical inspection of school children in the County of Kent.

This report indicates the record of such work for the year ended December 31st, 1916.

In spite of the war, the work has been carried out with a minimum amount of dislocation.

I thank you for the encouragement and support which I have always received from you.

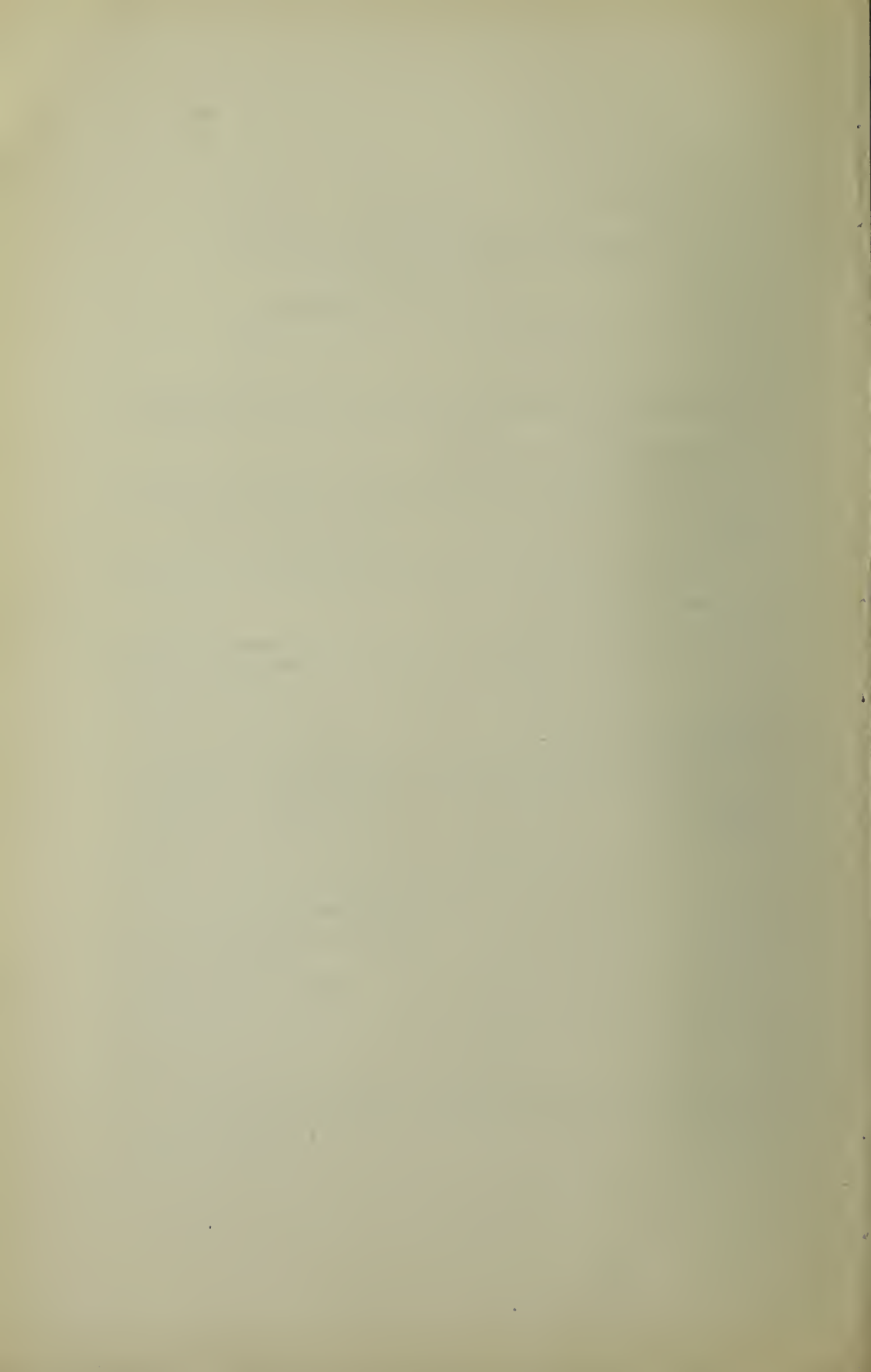
I wish to acknowledge the help received from the members of my staff, who have carried out their work most creditably under difficult circumstances.

I am, my Lords, Ladies and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD,

School Medical Officer.



The actual work of inspection is carried out by a staff of whole-time and part-time inspectors. In certain districts, general practitioners who are not medical officers of health have been appointed. They work in those combined areas which are so large that the medical officer of health could not undertake the additional work which would be entailed by the inspection of school children. These districts are so planned that if a re-arrangement of the combination is decided upon in the future no difficulties will arise in the matter of transferring the school work. To the whole-time inspectors have also been allocated certain portions of these combined areas, more particularly in West Kent.

The following changes took place during the year 1916:—

Dr. Dorothy Pratt resigned her appointment as temporary whole-time school medical inspector for No. 3 District, on May 26th, 1916, and Dr. W. L. Goodridge was appointed as her successor as from July 3rd, 1916.

Dr. F. W. Gange resigned his appointment as part-time inspector for the Faversham Rural District as from June 30th, 1916, and Dr. P. Selby (District Medical Officer of Health) has been engaged as his successor as from January 1st, 1917.

SANITARY SURVEYS.

These have been carried out in the various schools where necessary, and any defects requiring attention have been reported to the Committee.

COST OF INSPECTIONS.

The total approximate cost of the actual inspection of school children, inclusive of travelling expenses, during 1916, was £1,800, as compared with £1,819 during 1915, and £1,776 during 1914.

ARRANGEMENTS FOR INSPECTION.

Full details concerning organisation and supervision have been set out in previous reports, and need not be repeated here.

The "Medical Log-Book" continues to be of the greatest value. In it the medical inspector has a list of children found defective at previous inspections, and the list is brought forward at each visit, names being omitted only when a cure has been effected, or when no further recommendations can be made owing to the child concerned having left school.

It was found necessary during the year to modify the arrangements for medical inspection, so far as the whole-time staff was concerned, in view of the fact that two of the school medical inspectors—Dr. C. de Villiers, whole-time permanent officer, and Dr. W. L. Goodridge, whole-time temporary officer—were called upon to devote part of their time to act as tuberculosis officers in place of a whole-time member of the tubercu-

losis staff who was called up for military service. The change took effect on December 1st, 1916, and Dr. de Villiers and Dr. Goodridge now devote about two days per week each to tuberculosis work and three days to school medical inspection work, in addition to one half day each spent in the school clinics (Tonbridge and Sittingbourne respectively). With this re-arrangement of the work, the usual routine inspection of scholars, in age groups according to Code, could not be continued. With the consent of the Board of Education, it was decided to limit the inspection in the case of the two whole-time officers above mentioned and the third whole-time officer (Dr. Rosa Murray), to the inspection of exceptional and ailing cases only. It will probably be found that adherence to the usual districts will be impossible, and Dr. Murray will assist in Drs. de Villiers' and Goodridge's districts when her own schools are completed, so as to ensure every school being periodically inspected as before.

So far as the part-time inspectors are concerned, the usual routine inspection of "entrants," "leavers" and the intermediate group, together with exceptional cases, still continues.

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CLASSIFICATION OF CHILDREN EXAMINED.

iii. *The number of children inspected.*

Facing this page is set out a table which contains full particulars respecting all children who have been submitted to medical inspection during 1916. There is a full classification for age and sex, and for particulars recorded on the inspection card. The general summary of inspections is as follows :—

Table 2.

Number of Children Inspected 1st Jan., 1916 to 31st Dec. 1916.

A. "CODE" GROUPS.

Age.	Entrants.			Inter- medi- ate Group	Leavers.			Grand Total.
	5	6	Total		13	14	Total	
Boys	1,819	858	2,677	2,344	2,722	44	2,766	7,787
Girls	1,632	603	2,235	2,443	3,147	51	3,198	7,876
Totals	3,451	1,461	4,912	4,787	5,869	95	5,964	15,663

B. GROUPS OTHER THAN "CODE"

	Special Cases.	Children not classified.
Boys	569	1,095
Girls	538	
Totals	1,107	1,095

The following tables show details which are not ascertainable from Table 1.

HEIGHT AND WEIGHT.—Below are set out the heights and weights of a proportion of the children examined in the Kent schools in 1916. The selection, which has been made without any discrimination, and represents children in both town and country schools, probably gives a fairly reliable figure for purposes of reference.

Table 3.—Showing the height in inches of boys and girls at different age groups.

BOYS.			GIRLS.		
Age.	Numbers examined.	Boys in Kent.	Age.	Numbers examined.	Girls in Kent
5	1,500	40.5	5	1,500	38.9
6	500	42.9	6	500	41.4
9	1,500	49.0	9	1,500	48.0
13	1,500	57.1	13	1,500	56.3
14	40	58.3	14		57.7

Table 4.—Showing the weight in pounds of boys and girls at different age groups.

BOYS.			GIRLS.		
Age.	Numbers examined.	Boys in Kent.	Age.	Numbers examined.	Girls in Kent.
5	1,500	38.8	5	1,500	37.4
6	500	41.6	6	500	39.7
9	1,500	55.0	9	1,500	53.7
13	1,500	75.0	13	1,500	77.6
14	40	80.5	14	50	83.0

Table 5.—*Eye Defects.*

Classification.	Numbers exam- ined.	Squint.		Bleph- aritis.	Conjunc- tivitis.	Corneal Opacities.	Other
		No. of Cases.	Per- centage.				
Entrants—							
Boys ...	2,677	30	1.1	21	5	—	7
Girls ...	2,235	19	0.84	8	4	1	13
Intermediate Group—							
Boys ...	2,344	23	0.98	25	6	2	17
Girls ...	2,443	21	0.85	25	5	1	27
Leavers—							
Boys ...	2,766	24	0.86	17	8	2	31
Girls ...	3,198	24	0.75	38	6	2	47
Totals...	15,663	141	0.90	134	34	8	142

Table 6.—*Defects of Vision.*

Classification.		Numbers examined.	Children with defective vision.	
			More than 6-9ths.	6-9ths.
Leavers {	Boys	2,766	221	200
	Girls	3,198	298	290

Table 7.—Showing cases of Defective Teeth.

Age.	Sex.	Numbers examined	Four or more defective teeth.	Less than four defective teeth.	Total number with carious teeth.
5	{ Boys	1,819	327	904	1,231
	{ Girls	1,632	273	789	1,062
6	{ Boys	858	199	378	577
	{ Girls	603	127	262	389
9	{ Boys	2,344	279	1,340	1,619
	{ Girls	2,443	288	1,553	1,841
13	{ Boys	2,722	179	1,202	1,381
	{ Girls	3,147	209	1,481	1,690
14	{ Boys	44	5	22	27
	{ Girls	51	1	22	33
Total	{ Boys	7,787	989	3,846	4,835
	{ Girls	7,876	898	4,107	5,005
Total	Irrespective of sex.	15,663	1,887	7,953	9,840

Table 8.—Showing the age distribution of the cases of phthisis, suspected phthisis and other tuberculous conditions discovered at 1916 inspections, and the rate per 1,000 of children suffering.

Age.	Boys.			Girls.			Total.			Numbers examined.	Total rate per 1,000		
	Phthisis.	Suspected Phthisis.	Others.	Phthisis.	Suspected Phthisis.	Others.	Phthisis.	Suspected Phthisis.	Others.		Phthisis.	Suspected Phthisis.	Others.
5	0	2	2	1	1	1	1	3	3	3,451	0.28	0.87	0.87
6	0	2	2	0	1	0	0	3	2	1,461	0.00	2.05	1.36
9	3	4	1	3	1	7	6	5	8	4,787	1.25	1.04	1.67
13	0	0	4	5	3	5	5	3	9	5,869	0.85	0.51	1.53
14	0	0	0	0	0	0	0	0	0	95	0.00	0.00	0.00
Except: cases	8	10	17	12	3	12	20	13	29	1,107	18.06	11.74	26.19
Totals	11	18	26	21	9	25	32	27	51	16,770	1.90	1.60	3.04

Free facilities have been given throughout the year whereby children suffering from tuberculosis can be treated at the twenty tuberculosis dispensaries which have been provided by the Kent County Council, and

parents have been communicated with in all cases reported drawing their attention to the fact that it would be advisable to take the children concerned to the nearest County Council dispensary, if they are not already under private medical care.

Fifty-five certificates of exclusion from school for varying periods on account of tuberculosis have been issued by me during the year, following the recommendations of my tuberculosis officers.

Institutional treatment is also provided both by the Kent Education Committee and by the Kent County Council.

When such can be arranged, I would recommend the universal adoption of open-air or playground classes. From my previous experience, I am convinced that these classes are extremely valuable for children with anæmia and low-resisting power.

MEDICAL TREATMENT.

The methods employed to ensure that treatment is obtained are briefly as follows:—It is an ordinary routine requirement that every parent should be notified of any defect from which a child may be found to be suffering. Every child in respect of whom such a recommendation has been made, is re-examined on the occasion of the next inspection, and where no action has been taken to ameliorate the condition, a further recommendation is forwarded. In cases where treatment is a matter of urgency, and the parents fail to take action, a letter is sent to the school correspondent directing attention to the defect and requesting the managers to interest themselves in the case, or a special letter of warning is sent by me direct to the parents. A list of all children found to be defective at the medical inspection is forwarded to the managers a few days subsequent to the inspection, in the medical log-book. In those districts where nurses are engaged, a list of children requiring treatment is also forwarded to the nurse, who continues to visit the parents so long as she has any hope that they will ultimately follow her advice.

In the case of ringworm or other contagious ailments, teachers are requested to notify the School Medical Officer of cases, actual or suspected, immediately they come to notice. These cases are then referred to the various district nurses, in districts where such are working, and to the whole-time nurses in other areas. In this way it is ensured that all contagious skin ailments are followed up immediately, and treatment advised.

The table facing this page gives particulars of the defects for which treatment was considered necessary and the results of such treatment.

In certain instances Boards of Guardians have assisted parents to obtain treatment, either by the payment of railway fares or by making a contribution towards the purchase of surgical appliances in cases of necessity.

Table 9.—Treatment of Defects of Children during 1916.

CONDITION.	No. of defects for which treatment was considered necessary.				No. of defects for which no report is available.	No. of defects treated.	Results of Treatment.			No of defects not treated.	Per-centage of defects treated.
	From previous Year.		New (1916)	Total.			Remed-ied.	Im-proved.	Un-chang-ed.		
	1st Recom-menda-tion.	Prev-ious.	1st Recom-menda-tion only.								
Clothing	7	—	10	17	14	3	2	1	—	—	17·6
Footgear	2	—	6	8	4	2	2	—	—	2	25·0
Cleanliness of Head	286	57	356	699	439	254	146	85	23	6	36·3
Cleanliness of Body	10	2	36	48	37	7	3	2	2	4	14·6
Nutrition	73	4	91	168	90	76	25	48	3	2	45·2
Nose and Throat ...	1813	571	2522	4906	3177	1260	680	452	128	469	25·7
External Eye											
Disease	73	14	172	259	148	106	69	35	2	5	40·9
Vision and Squint	913	242	1408	2563	1692	733	485	205	43	138	28·6
Ear Disease	87	21	168	276	161	103	64	35	4	12	37·3
Hearing	144	67	308	519	379	106	35	63	8	34	20·4
Teeth	1035	332	1606	3023	1906	949	368	466	115	168	31·4
Heart and Circu-lation	301	17	436	754	410	343	126	199	18	1	45·5
Lungs	191	20	421	632	398	231	63	160	8	3	36·6
Nervous System ...	11	1	31	43	29	14	4	10	—	0	32·6
Skin	118	34	200	352	168	182	150	25	7	2	51·7
Rickets	8	—	38	46	35	10	3	7	—	1	21·7
Deformities	27	5	154	186	131	44	8	26	10	11	23·7
Tuberculosis (non-pulmonary)	6	1	73	80	49	28	9	17	2	3	35·0
Speech	11	3	41	55	39	15	3	10	2	1	27·3
Mental Condition...	44	8	195	247	234	13	—	12	1	—	5·3
Miscellaneous ...	104	12	247	363	217	134	79	51	4	12	36·9
TOTALS	5314	1411	8519	15244	9757	4613	2324	1909	380	874	30·2

In 1912 the Kent Education Committee approved a scheme of work for the further amelioration of defects found on medical inspection. This scheme comprised five chief sections :—

- (i.) An extension of nursing arrangements.
- (ii.) Establishment of school inspection clinics.
- (iii.) Treatment of dental defects.
- (iv.) Treatment of defects of vision.
- (v.) X-ray work.

The progress from the point of view of amelioration may best be summed up by a sketch of what has been done in each of these five divisions.

(i.) *Nursing*.—It may be recalled that during 1912 the duties of local nurses working under the auspices of the Kent County and other Nursing Associations, were extended so as to include visits to the schools.

In September, 1913, a second whole-time nurse was added to the permanent staff, working in the south-eastern portion of Kent. This position was held during 1916 by Nurse Harvey. The first whole-time nurse appointed, Mrs. Fairburn, carries out work in north-west Kent.

An attempt has been made to secure the appointment of whole-time nurses in various parts of the county, who would combine the work of school nursing for the Kent Education Committee with other public appointments, *e.g.*, health visiting under the Notification of Births Acts, for the various District Councils, and tuberculosis nursing for the Kent County Council.

The following are the names of the present nurses who divide their time in this manner :—

Nurse Main, Dartford (Health Visitor and School Nurse).

Nurse Jackson, Sittingbourne and Milton (School Nurse and Tuberculosis Nurse).

Nurse Dockrill, Sheppey, Queenboro' and Sheerness (Health Visitor, School Nurse and Tuberculosis Nurse).

Nurse Pelly, Northfleet and Strood Rural (Health Visitor and School Nurse).

Nurse Watt, Tonbridge (District Nurse for Tonbridge Nursing Association and School Nurse).

Nurse Thomas, Tenterden, Cranbrook, Romney Marsh, &c. (Health Visitor and School Nurse).

Nurse Barnes, Hoo and Strood Rural (Health Visitor and School Nurse).

The two last-mentioned arrangements came into effect on November 30th, 1916, and April 2nd, 1917, respectively.

WHOLE-TIME NURSES.—The summary shown on the next page will assist in the formation of an idea of the scope and amount of the work carried out by the two whole-time nurses and the four part-time nurses.

LOCAL PART-TIME NURSES.—These nurses are local district nurses working under the auspices of the Kent County or other Nursing Associations, through which the Education Committee has made arrangements for utilising their services. They are added to from time to time as occasion arises. Their chief duties in connection with the school children are :—

Table 1.—SUMMARY OF RESULTS OF MEDICAL INSPECTION for the Year ended December 31, 1916.

Entry as per Inspection Card. (1)		"Leavers" at undermentioned ages.				Intermediate Group.		Entrants.						Entrants and others over 6 in 1916, but not classified. (13)	Exeeptional cases at various ages examined for various reasons.		Total of Columns. 2 to 15. (16)
		13 in 1916.		14 in 1916..		9 in 1916.		5 in 1916.		6 in 1916.		Under 5 in 1916, not examined according to Schedule. (12)	Boys.		Girls.		
		Boys. (2)	Girls. (3)	Boys. (4)	Girls. (5)	Boys. (6)	Girls. (7)	Boys. (8)	Girls. (9)	Boys. (10)	Girls. (11)						
Numbers examined		2,722	3,147	44	51	2,344	2,443	1,819	1,632	858	603	1,096	1,095	569	538	18,961	
Actual numbers of Scholars showing one or more defects.. .. .		1,742	2,110	28	39	1,520	1,661	1,103	931	585	383		612	476	420	11,610	
Previously suffered from	Measles	2,192	2,634	26	33	1,750	1,890	821	751	424	279			4	8	10,812	
	Whooping Cough	1,384	1,858	19	27	1,252	1,463	695	631	325	239			5	8	7,906	
	Chicken-pox	1,011	1,142	13	10	732	918	351	370	172	113			0	4	4,836	
	Diphtheria	122	156	4	2	98	83	30	35	22	19			1	0	572	
	Scarlet Fever	238	323	3	7	145	185	42	39	38	14			0	0	1,034	
	Enteric Fever	0	12	0	0	8	5	0	3	3	1			0	0	32	
	Mumps	164	204	4	1	125	122	28	19	23	10			0	0	700	
Conditions as to	Nutrition	Indiff. 263 Bad 1	Indiff. 320 Bad 1	Indiff. 3 Bad 0	Indiff. 4 Bad 0	Indiff. 302 Bad 1	Indiff. 300 Bad 2	Indiff. 138 Bad 1	Indiff. 98 Bad 1	Indiff. 101 Bad 0	Indiff. 57 Bad 1			Indiff. 20 Bad 0	Indiff. 13 Bad 0	Indiff. 1,619 Bad 8	
	Cleanliness of {Skim	170 7	210 2	7 0	2 0	185 12	193 4	149 6	97 4	68 0	42 2			8 0	4 0	1,133 37	
	{Head	122 9	377 20	0 0	4 0	144 8	400 13	120 17	208 10	55 1	75 10			2 0	10 3	1,517 91	
	Clothing {Sufficiency	101 6	74 2	4 0	1 0	125 6	73 1	60 6	28 3	17 1	16 0			2 0	1 0	502 25	
	{Cleanliness	184 7	189 8	6 0	7 0	209 15	173 4	134 21	91 5	76 0	41 1			4 0	0 0	1,114 61	
	Footgear	175 11	160 9	3 0	2 0	161 14	171 8	118 9	76 3	64 1	29 2			3 0	1 1	963 58	
Teeth	{Defective condition	1,381	1,690	27	23	1,619	1,841	1,231	1,062	577	389			49	57	9,946	
	{Want of cleanliness	824	1,023	16	13	635	642	434	315	264	151			3	7	4,327	
Defects of Nose and Throat.	Articulation and Breathing	94	128	1	2	123	116	126	85	78	38			37	28	856	
	Tonsils and Adenoids	532	731	4	12	517	566	480	369	231	163			159	167	3,926	
	Tonsils with Enlarged Cervical Glands	205	256	6	5	198	224	162	94	108	86			9	8	1,361	
	Tonsils with Deafness	26	43	0	0	32	36	18	11	15	7			4	7	199	
	Cervical {with enlarged Tonsils	205	256	6	5	198	224	162	94	108	86			9	8	1,361	
	Glands {without enlarged Tonsils	206	205	3	4	158	114	120	87	75	39			14	7	1,032	
Defects and Diseases of Hearing Apparatus	Deafness {with enlarged Tonsils	26	43	0	0	32	36	18	11	15	7			4	7	199	
	{without enlarged Tonsils	63	47	3	2	56	53	2	4	3	1			31	29	293	
	Discharge	22	22	0	1	21	18	21	15	6	9			12	15	162	
Defective Vision. R & L. (Total defects)		718	1,010	14	25	552	748	14	4	23	10			92	75	3,285	
Total Children presenting such defects		413	571	8	17	337	425	6	2	13	5			?	?	1,797	
Other defects of Eyelids and Conjunctivæ		76	116	6	1	73	79	29	26	34	19			24	35	518	
Constitutional conditions.	Paralysis and Detormity	23	26	2	2	14	10	7	2	7	0			35	24	152	
	Rickets	19	7	2	0	8	9	18	9	16	2			13	6	109	
	Tuber- {Lungs {Phthisis	0	5	0	0	3	3	0	1	0	0			8	12	32	
	culosis {Suspected	0	3	0	0	4	1	2	1	2	1			10	3	27	
	{Bones, Joints, Glands, and Skin	4	5	0	0	1	7	2	1	2	0			17	12	51	
	Heart Disease	70	110	3	4	43	40	28	14	21	10			19	17	379	
	Lungs	21	15	0	1	53	49	32	41	32	14			22	11	291	
	Anæmia	24	57	0	0	19	24	20	14	6	9			22	11	206	
	Epilepsy	1	5	0	2	0	2	1	1	7	0			19	14	52	
	Chorea	2	0	0	0	0	1	0	0	0	0			4	5	12	
	Rupture	1	2	0	0	1	3	3	0	2	1			0	0	13	
	Infectious or Contagious Ailments	18	19	0	0	21	22	18	9	3	2			28	20	160	
		Other Diseases	34	56	1	0	43	39	76	42	19	3			34	51	398
Suitable for Admission to a Special School	{Mental	3	2	0	0	8	10	0	1	0	0			22	13	59	
	{Physical	0	0	0	0	0	0	0	0	0	0			2	0	2	
	{Other	0	0	0	0	0	0	0	0	0	0			0	1	1	
Excused	{Attendance	0	1	0	0	0	0	0	2	0	0			2	1	6	
	{Drill	0	0	0	0	0	1	0	0	0	0			1	1	3	
Backward Children		41	28	2	0	61	57	2	3	5	3			59	28	289	
No obvious defect															59	28	289

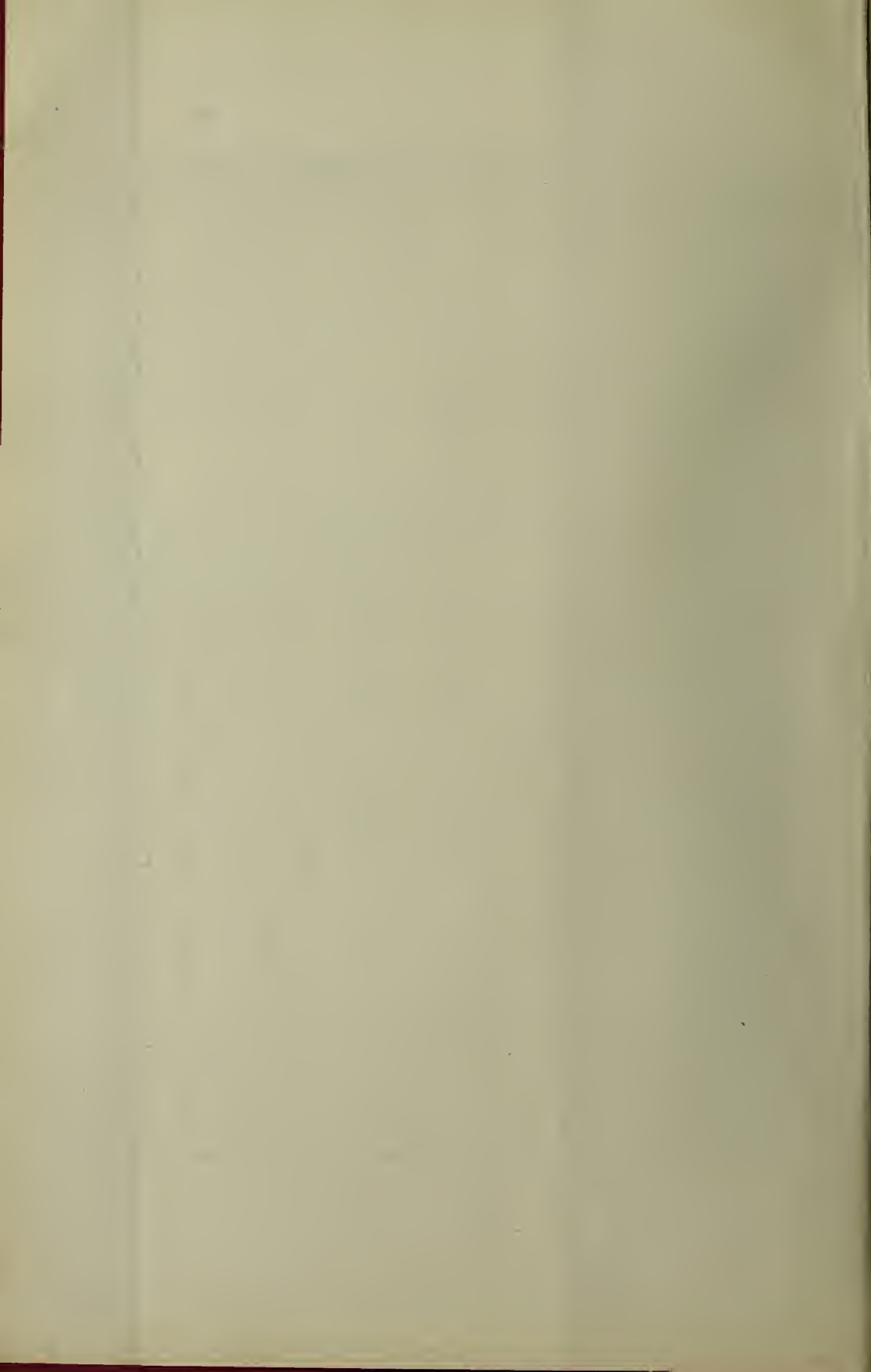


Table 10.—Giving summary of Work carried out by Nurses employed directly by the Kent Education Committee.

	Nurse Fairburn.	Nurse Harvey.	Nurse Pelly.	Nurse Watt.	Nurse Hulme, succeeded by Nurse Furninger.	Nurse Somers.	Total.
Number of Schools visited	205	179	172	91	169	56	872
" Girls examined	7504	5387	5809	3132	7883	2525	32240
" examinations of Girls	3388	2922	3317	781	2634	578	13820
" Girls found verminous	2325	529	954	1325	210	145	5488
" " excluded from School	157	410	269	25	234	76	1171
" Boys examined	2288	5609	4861	1207	1219	1899	17083
" examinations of Boys	222	1777	1291	33	—	200	3523
" Boys found verminous	40	124	283	91	4	53	595
" " excluded from School	13	95	41	6	4	52	201
" new cases of Ringworm	36	20	7	11	14	13	101
" cases of Ringworm visited	403	7	70	16	15	96	607
" " " taken to Folkestone for X-ray treatment	—	—	—	—	—	—	—
" " " taken to Guy's Hospital for X-ray treatment	47	—	—	2	—	—	49
" visits to School Clinic	105	842	—	193	3355	—	4495
" " dental cases after an inspection by the School Dentist	159	203	—	215	308	—	885
" cases of defective vision, after an inspection by the Ophthalmic Surgeon	8	—	—	125	—	—	133
" children treated at the School Clinic for minor ailments	4	249	—	305	2874	—	3432
" special visits	92	—	—	64	—	693	849
" Children excluded from School on account of—							
Impetigo	21	36	19	9	158	12	255
Verminous conditions	170	541	279	23	277	90	1380
Ringworm	40	16	20	9	21	13	119
Sores	1	10	6	—	1	14	32
Scabies	2	13	1	—	14	11	41
Eye conditions	1	2	2	—	18	1	24
Ear	1	3	—	—	6	—	10
Other	4	19	10	—	141	1	175
Total exclusions	240	640	337	41	636	142	2,036

Nurse Harvey and Nurse Somers terminated their appointment on October 21st and October 31st respectively, and their successors did not commence duty until January 1st, 1917.

- (1.) To be present at the medical inspection.
- (2.) To visit the parents of children found defective thereat, and encourage these parents to obtain adequate treatment.
- (3.) To treat certain minor ailments, and to assist medical practitioners in the treatment of other ailments when such assistance is welcomed.
- (4.) To visit the schools and inspect all the children in attendance when requested to do so by the School Medical Officer.

The summary facing this page shows the work carried out by each nurse working under the area of the Kent County Nursing Association, during the year 1916.

(ii.) *School Clinics.*—The general objects of a school clinic were pointed out in the Annual Report for 1913. Briefly, they are as follows:—

- (a) To serve as a centre from which all work associated with the welfare of children—other than that of routine inspection—could be supervised.
- (b) To afford facilities for the examination of certain children, who cannot with advantage be examined in school buildings.
- (c) To serve as a centre for co-ordinating the agencies for “following up.”
- (d) To afford facilities for the supervision of children suffering from such conditions as uncleanness and ringworm.
- (e) To enable a more complete supervision of all cases of phthisis to be exercised
- (f) To enable the school doctor to examine children suffering from infectious ailments before their return to school.
- (g) To provide a centre to which attendance officers, school nurses, and head teachers may send children who are not under medical treatment, but who are absent from school for some indefinite reason.
- (h) For the use of Care Committees in obtaining advice or information with regard to particular children.

The above statement, summarising the general objects of the school clinic, was reproduced by Sir George Newman in his Annual Report for 1913 as Chief Medical Officer of the Board of Education.

He wrote as follows: “The above statement summarises in fairly complete form the scope of work of the school clinic, short of the undertaking of remedial measures. The complete clinic has, however, the further object of serving as a centre where remedial measures of all or any kinds can be undertaken for the defects and ailments of school children. Such an organisation is commonly known as the ‘treatment clinic,’ in contradistinction to the ‘inspection clinic,’ at which no treatment is undertaken. The distinction between the two classes is, however, a fine and arbitrary one, for it is a small step from the giving of advice by the doctor or nurse to the applying of simple remedies in the case of the minor ailments of school children.”

At the end of the year 1914 the school clinics at Sittingbourne, Ashford and Dartford were in full working, and during 1915 a fourth clinic was opened at Tonbridge.

Table 11.—Kent County Nursing Association.—Report on School Nursing.

January 1st to December 31st, 1916.

NAME OF DISTRICT.	Under continuing Medical Supervision.				Cases in which Assistance was given to Parents.												TOTAL CASES.	TOTAL VISITS.	ATTENDANCES AT MEDICAL INSPECTIONS.
	EYE .		EARS.		IMPETIGO.		SCABIES.		RINGWORM.				VERMINOUS CONDITIONS.						
									Doctor in Attendance.		No Doctor in Attendance.								
	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Cases.	Visit	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.					
Bearsted	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		
Boughton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	83	—		
Brenchley	4	15	—	—	10	65	—	—	—	—	—	—	—	—	35	107	1		
Bridge	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	27	6		
Capel	3	9	—	—	—	—	—	—	—	—	—	—	—	—	20	43	2		
Chilham	—	—	—	—	1	3	—	—	—	—	—	—	17	34	33	60	3		
Chevening	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19	60	2		
Chislet	—	—	—	—	1	5	1	4	—	—	—	—	—	—	19	56	6		
Cowden	3	6	1	2	5	27	—	—	—	—	1	6	—	—	30	76	6		
Cudham	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	18	1		
East Malling	9	26	10	28	3	12	—	—	1	10	—	—	20	57	62	189	5		
Edenbridge	—	—	—	—	1	6	—	—	—	—	—	—	—	—	80	146	5		
Farnborough	1	26	—	—	—	—	—	—	1	6	—	—	—	—	16	52	—		
Goudhurst	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28	45	2		
Harbledown	2	51	1	59	—	—	—	—	—	—	—	—	2	2	5	134	2		
Hardres	—	—	—	—	—	—	—	—	—	—	2	16	2	6	12	42	2		
Harrietsham	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Hayes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	40	2		
Herne Bay	3	141	2	20	2	20	1	12	—	—	5	31	10	17	187	412	9		
Hildenborough	2	5	—	—	1	3	—	—	—	—	—	—	—	—	12	27	1		
Horsmonden	5	12	1	2	—	—	—	—	—	—	—	—	—	—	38	67	3		
Kemsing and Otford	4	24	—	—	—	—	—	—	—	—	—	—	—	—	35	109	2		
Kennington	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	40	2		
Kingsdown, St. Margaret's	4	3	1	9	—	—	—	—	—	—	—	—	—	—	16	36	8		
Keston	—	—	—	—	—	—	—	—	—	—	—	—	8	32	6	49	1		
Lamberhurst	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	7	—		
Langton	6	10	3	9	—	—	—	—	—	—	—	—	—	—	18	35	4		
Meopham	—	—	—	—	—	—	—	—	—	—	—	—	3	9	7	40	1		
Newnham	1	8	—	—	—	—	—	—	3	28	—	—	—	—	9	58	4		
Orpington	—	—	1	9	5	45	—	—	2	16	3	46	3	4	31	194	10		
Penshurst	—	—	—	—	1	19	—	—	—	—	—	—	—	—	32	85	2		
Plaxtol	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	14	2		
Sandwich	—	—	1	12	36	154	1	3	—	—	—	—	10	19	54	264	5		
Sevenoaks	47	72	4	33	1	4	—	—	—	—	—	—	—	—	275	544	17		
Sevenoaks Weald	—	—	1	15	—	—	—	—	—	—	2	279	—	—	24	335	2		
Shoreham	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	12	1		
Southborough	23	63	4	98	14	65	—	—	2	30	2	21	7	28	140	630	15		
Speldhurst	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	22	2		
Stone	—	—	1	4	—	—	—	—	—	—	—	—	9	29	72	178	6		
Swanley	2	86	—	—	3	9	—	—	—	—	—	—	1	4	69	225	10		
Teynham	3	21	—	—	1	6	—	—	—	—	—	—	1	2	31	96	5		
Throwley	—	—	—	—	4	18	—	—	—	—	—	—	—	—	10	56	3		
Walmer	—	—	—	—	5	61	—	—	—	—	—	—	2	12	44	168	5		
Wateringbury	—	—	4	29	—	—	—	—	2	12	—	—	2	18	38	103	5		
Wye	—	—	1	2	—	—	—	—	2	52	—	—	1	2	20	77	4		

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	EYE .		EARS.		IMPETIGO.		SCABIES.		RINGWORM.				VERMINOUS CONDITIONS.						
									Doctor in Attendance.		No Doctor in Attendance.								
	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Cases.	Visit	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.					
Bearsted	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Boughton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	29	83	—		
Brenchley	4	15	—	—	10	65	—	—	—	—	—	—	—	—	35	107	1		
Bridge	—	—	—	—	—	—	—	—	—	—	—	—	—	—	21	27	6		
Capel	3	9	—	—	—	—	—	—	—	—	—	—	—	—	20	43	2		
Chilham	—	—	—	—	1	3	—	—	—	—	—	—	17	34	33	60	3		
Chevening	—	—	—	—	—	—	—	—	—	—	—	—	—	—	19	60	2		
Chislet	—	—	—	—	1	5	1	4	—	—	—	—	—	—	19	56	6		
Cowden	3	6	1	2	5	27	—	—	—	—	1	6	—	—	30	76	6		
Cudham	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	18	1		
East Malling	9	26	10	28	3	12	—	—	1	10	—	—	20	57	62	189	5		
Edenbridge	—	—	—	—	1	6	—	—	—	—	—	—	—	—	80	146	5		
Farnborough	1	26	—	—	—	—	—	—	1	6	—	—	—	—	16	52	—		
Goudhurst	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28	45	2		
Harbledown	2	51	1	59	—	—	—	—	—	—	—	—	2	2	5	134	2		
Hardres	—	—	—	—	—	—	—	—	—	—	2	16	2	6	12	42	2		
Harrietsham	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Hayes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	40	2		
Herne Bay	3	141	2	20	2	20	1	12	—	—	5	31	10	17	187	412	9		
Hildenborough	2	5	—	—	1	3	—	—	—	—	—	—	—	—	12	27	1		
Horsmonden	5	12	1	2	—	—	—	—	—	—	—	—	—	—	38	67	3		
Kemsing and Otford	4	24	—	—	—	—	—	—	—	—	—	—	—	—	35	109	2		
Kennington	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12	40	2		
Kingsdown, St. Margaret's	4	3	1	9	—	—	—	—	—	—	—	—	—	—	16	36	8		
Keston	—	—	—	—	—	—	—	—	—	—	—	—	8	32	6	49	1		
Lamberhurst	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	7	—		
Langton	6	10	3	9	—	—	—	—	—	—	—	—	—	—	18	35	4		
Meopham	—	—	—	—	—	—	—	—	—	—	—	—	3	9	7	40	1		
Newnham	1	8	—	—	—	—	—	—	3	28	—	—	—	—	9	58	4		
Orpington	—	—	1	9	5	45	—	—	2	16	3	46	3	4	31	194	10		
Penshurst	—	—	—	—	1	19	—	—	—	—	—	—	—	—	32	85	2		
Plaxtol	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5	14	2		
Sandwich	—	—	1	12	36	154	1	3	—	—	—	—	10	19	54	264	5		
Sevenoaks	47	72	4	33	1	4	—	—	—	—	—	—	—	—	275	544	17		
Sevenoaks Weald	—	—	1	15	—	—	—	—	—	—	2	279	—	—	24	335	2		
Shoreham	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9	12	1		
Southborough	23	63	4	98	14	65	—	—	2	30	2	21	7	28	140	630	15		
Speldhurst	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14	22	2		
Stone	—	—	1	4	—	—	—	—	—	—	—	—	9	29	72	178	6		
Swanley	2	86	—	—	3	9	—	—	—	—	—	—	1	4	69	225	10		
Teynham	3	21	—	—	1	6	—	—	—	—	—	—	1	2	31	96	5		
Throwley	—	—	—	—	4	18	—	—	—	—	—	—	—	—	10	56	3		
Walmer	—	—	—	—	5	61	—	—	—	—	—	—	2	12	44	168	5		
Wateringbury	—	—	4	29	—	—	—	—	2	12	—	—	2	18	38	103	5		
Wye	—	—	1	2	—	—	—	—	2	52	—	—	1	2	20	77	4		

In addition to forming centres for the purposes already mentioned, these four clinics are used for dental treatment, for ophthalmic work, and for the treatment of minor defects of the ears, skin, etc.

Each clinic is opened on Saturday mornings for treatment of minor ailments. The work in connection therewith is carried out at Tonbridge by Dr. de Villiers, the whole-time medical inspector for the district ; and at Ashford, Dartford and Sittingbourne respectively, by Drs. Watts, Hamilton and Heggs, who are the district medical officers of health as well as part-time school medical inspectors in those districts. These three last-mentioned officers are on military service, and the clinics are in charge of temporary officers, *viz.*, Drs. Murray, Farthing and Goodridge.

During the week Dr. Fox attends each clinic as ophthalmic surgeon, but this work has been discontinued, temporarily, since September 1st, 1915, owing to Dr. Fox being on military duty and no substitute having been appointed. Mr. Thomas (temporarily, Mr. Kirk), the whole-time school dentist, also attends the clinic as required.

The hours of attendance at each school clinic are regular, and means have been taken to acquaint teachers and the public generally in the districts concerned with these particulars.

In addition to the Saturday morning clinics, the nurses at Ashford, Sittingbourne and Tonbridge attend on fixed mornings during the week to see certain of the cases which attend by appointment. Particulars of the attendances of such cases are shown under the headings of the different school clinics.

Clear and concise records are kept of all cases seen at each clinic, in card form, and of the action taken in regard to them. Full communications, when necessary, have been sent to head teachers and school attendance officers.

The respective school attendance officers are generally present at the school clinics on Saturday mornings.

These clinics are now performing a most useful work, which is being greatly appreciated by the parents of the children concerned.

Therefore, in Kent, it may be said with truth, that every effort has been made to ensure the success of the school clinics which have been established. Other school clinics will be required in the county in future, if defects found as a result of systematic medical inspection are to be remedied, but, owing to the war, no action has yet been taken towards proceeding with those which were projected (at Sheerness and Sevenoaks) prior to hostilities.

Table 12.

ASHFORD SCHOOL CLINIC.

*Date of Opening Clinic, February 7th, 1914.**Medical Officer in Charge .. DR. ROSA MURRAY.**Report on work carried out during the year ended December 31st, 1916.*

Number of Saturday mornings open	..	..	..	43
Number of cases seen ..	..	..	..	373
Number of attendances ..	..	..	..	1,147
Average Saturday attendance	..	..	..	26

The following is a list of cases and attendances of patients who were treated during 1916:—

Diseases and Defects.					No. of Patients Treated.	No. of Attendances.
SPECIFIC INFECTIVE DISEASES. (Including Contacts).						
Scarlet Fever	...	...	...	...	1	15
Diphtheria	...	...	...	...	19	63
Measles	...	...	...	...	1	1
Chickenpox	...	...	...	...	4	17
Mumps	...	...	...	...	4	9
Whooping-cough	...	...	...	...	2	3
DISEASES OF SPECIAL SYSTEMS.						
Naso-pharynx	{	Adenoids, &c.	...	...	16	38
	{	Other	...	...	10	
Respiratory	{	Phthisis	...	...	3	13
	{	Other	...	...	10	21
Circulatory	{	Organic	...	...	3	6
	{	Functional	...	...	0	0
Lymphatic	{	Tuberculous	...	...	11	16
Digestive	{	Tuberculous	...	...	0	0
	{	Other	...	...	6	7
Genito-urinary	{	Tuberculous	...	...	0	0
	{	Other	...	...	1	2
DISEASES OF SPECIAL STRUCTURES.						
Nerves	{	Chorea	...	...	6	10
	{	Inf. Paralysis	...	...	1	
Bones	{	Tuberculous	...	...	2	2
	{	Other	...	...	7	12
Joints	{	Tuberculous	...	...	0	0
	{	Other	...	...	0	0
Skin and Sub-cutaneous Structures	{	Abscess	...	...	9	9
	{	Impetigo	...	...	42	66
	{	Scabies	...	...	23	104
	{	Ringworm	...	...	29	143
	{	Verminous condition	...	...	15	25
Eyes	{	Other	...	...	15	20
	{	Def. Vision	...	...	30	48
	{	Inflammation	...	...	22	33
Ears	{	Mastoid Abscess	...	...	0	0
	{	Otorrhœa	...	...	23	119
	{	Other	...	...	0	7
GENERAL DISEASES.						
Debility	...	...	...	...	28	70
General Tuberculosis	...	...	...	...	0	0
Rheumatism	...	...	...	...	3	5
Mental Deficiency	...	...	...	...	10	12
Malingering	...	...	...	...	3	3
Injury	...	...	...	...	14	15

In addition to the above, the nurse has held a morning clinic each Wednesday and Friday with excellent results, the total number of attendances during the year being 404.

Table 13.

DARTFORD SCHOOL CLINIC.

*Date of Opening of Clinic, February 7th, 1914.**Medical Officer in Charge .. DR. T. FARTHING.**Report on work carried out during the year ended December 31st, 1916.*

Number of Saturday mornings open	..	..	..	46
Number of cases seen	..	..	..	261
Number of attendances	..	..	..	440
Average Saturday attendance	..	..	..	9.6

The following is a list of patients who were treated during 1916 :—

Diseases and Defects.					No. of Cases attending.	Number of Attend- ances.	Number of Patients Treated.
NUTRITION	..	..	..	..	1	3	1
TEETH	..	..	..	..	12	12	—
NOSE AND THROAT :							
Adenoids	..	..	..	..	16	16	—
Enlarged Tonsils	..	..	..	..	4	4	—
Tonsillitis	..	..	..	..	4	10	4
Nasal Catarrh	..	..	..	..	8	10	4
GLANDS—enlarged	..	..	..	..	—	—	8
EARS :							
Discharge (Otitis media)	..	..	..	..	8	22	8
Disease of bone (mastoiditis)	..	..	..	..	2	2	—
Other	..	..	..	..	—	—	—
EYES :							
Defective sight	..	..	..	..	6	6	—
Diseases of cornea	..	..	..	..	2	8	2
„ „ conjunctivæ	..	..	..	..	5	15	5
„ „ eyelids	..	..	..	..	12	32	12
LUNGS :							
Bronchitis	..	..	..	..	16	18	16
Tuberculosis (suspected)	..	..	..	..	4	20	4
Pleurisy	..	..	..	..	—	—	—
Pneumonia	..	..	..	..	—	—	—
Asthma	..	..	..	..	2	10	2
HEART :							
Congenital	..	..	..	..	—	—	—
Rheumatic	..	..	..	..	4	10	4
Other	..	..	..	..	2	7	2
ANÆMIA	..	..	..	..	8	21	8
NERVOUS, Chorea	..	..	..	..	2	17	2
ABDOMINAL :							
Rupture	..	..	..	..	1	1	1
Other	..	..	..	..	10	12	10
BONES AND JOINTS					—	—	—
SKIN :							
Impetigo	..	..	..	..	44	75	44
Ringworm	..	..	..	..	16	20	—
Eczema	..	..	..	..	3	8	3
Alopecia	..	..	..	..	1	4	1
Vermineous	..	..	..	..	4	8	4
Other	..	..	..	..	1	2	1
URINARY :							
Incontinence	..	..	..	..	1	5	1
DEFORMITIES	..	..	..	..	39	39	—
INFECTIONS :							
Whooping Cough	..	..	..	..	1	1	1
Chicken-pox	..	..	..	..	1	1	1
MENTAL	..	..	..	..	1	1	—
INFANTILE PARALYSIS	..	..	..	..	8	8	—
EXAMINATIONS (general)	..	..	..	..	12	12	—
EXCLUSIONS	..	..	..	..	—	—	132

Table 14.

SITTINGBOURNE SCHOOL CLINIC.

*Date of Opening Clinic, November 15th, 1913.**Medical Officer in Charge .. DR. W. LISLE GOODRIDGE.**Report on work carried out during the year ended December 31st, 1916.*

Number of Saturdays open	43
Number of cases seen	701
Number of attendances	1,139
Average Saturday attendance	26.5

The following is a list of cases treated, and attendances, during 1916 :—

Diseases and Defects.						No. of Patients Treated.	No. of Attendances
SPECIFIC INFECTIVE DISEASES. (Including Contacts).							
Scarlatina	...	...	...	...	...	25	38
Diphtheria	...	...	...	...	...	126	172
Measles	...	...	...	...	...	3	5
Chickenpox	...	...	...	...	...	3	17
Mumps	...	...	...	...	...	15	25
Cerebro-spinal fever	...	...	...	...	...	12	13
Whooping-cough	...	...	...	...	...	24	39
DISEASES OF SPECIAL SYSTEMS.							
Naso-pharynx	...	{	Adenoids, &c.	...	...	36	40
			Other	...	...	6	8
Respiratory	...	{	Phthisis	...	...	2	8
			Other...	...	...	8	25
Circulatory	...	{	Organic	...	...	4	6
			Functional	...	...	0	0
Lymphatic	...	{	Tuberculous	...	...	10	12
			Other	...	...	2	3
Digestive	...	{	Tuberculous	...	...	0	0
			Other	...	...	6	8
Genito-urinary	...	{	Tuberculous	...	...	1	3
			Other	...	...	1	1
DISEASES OF SPECIAL STRUCTURES.							
Nerves	...	{	Chorea...	...	...	7	9
			Infantile Paralysis	...	...	2	4
Bones	...	{	Tuberculous	...	...	0	0
			Other	...	...	1	6
Joints	...	{	Tuberculous	...	...	1	2
			Other	...	...	14	25
			Abscess	...	...	6	9
Skin and Sub- cutaneous Structures		{	Impetigo	...	...	174	288
			Scabies	...	...	8	32
			Tinea	...	...	22	49
			Verminous condition	...	...	46	58
			Other	...	...	35	46
Eyes	...	{	Def. Vision	...	...	13	16
			Inflammation...	...	...	35	55
Ears	...	{	Mastoid Abscess	...	...	2	8
			Otorrhœa	...	...	8	17
GENERAL DISEASES.							
Debility	...	...	...	...	...	10	15
Mental Deficiency	...	...	...	...	...	2	5
Malingering	...	...	...	...	...	1	1
Injury	...	...	...	...	...	30	63

In addition to the above, the nurse has held a clinic each morning, with excellent results, the total number of attendances during the year being 4,050.

Table 15

TONBRIDGE SCHOOL CLINIC.

*Date of Opening of Clinic, January 30th, 1915.**Medical Officer in Charge .. DR. C. DE VILLIERS.**Report on work carried out during the year ended December 31st, 1916.*

Number of Saturdays open	43
Number of cases attending	369
Number of attendances on Saturdays	710
Average Saturday attendance	16.6

DETAILS OF CASES ARE AS FOLLOWS:—

Diseases and Defects						No. of Cases attending.	Number of Attend- ances.	Number of Patients Treated.
NUTRITION .. .. .	..	..	..	..	..	3	3	3
TEETH:								
Caries .. .. .	..	..	..	..	..	16	16	3
Abscess .. .. .	..	..	..	..	..	3	3	3
NOSE AND THROAT:								
Adenoids—with or without deafness ..	..				..	17	21	—
Enlarged Tonsils .. .. .	..	..	..	..	..	9	12	6
Tonsillitis .. .. .	..	..	..	..	..	7	5	2
Other .. .. .	..	..	..	..	..	3	10	4
Nasal discharge .. .. .	..	..	..	..	..	4		
GLANDS:								
Enlarged .. .. .	..	..	..	..	..	2	2	2
Tuberculous .. .. .	..	..	..	..	..	5	5	—
EARS:								
Discharge (Otitis media), with or without deafness .. .. .	..	..	..	..	..	13	19	12
Disease of bone (mastoiditis) .. .. .	..	..	..	..	..	1	1	—
Other .. .. .	..	..	..	..	..	1	1	1
EYES:								
Defective sight .. .. .	..	..	..	..	..	39	75	19
Diseases of cornea .. .. .	..	..	..	..	..	5		
" " conjunctivæ .. .. .	..	..	..	..	..	7		
" " eyelid .. .. .	..	..	..	..	..	9		
LUNGS:								
Bronchitis .. .. .	..	..	..	..	..	12	27	14
Pleurisy .. .. .	..	..	..	..	..	5	27	14
Tuberculosis .. .. .	..	..	..	..	..	2	2	—
" suspected .. .. .	..	..	..	..	..	5	5	—
HEART:								
Congenital .. .. .	..	..	..	..	..	2	2	—
Rheumatic .. .. .	..	..	..	..	..	2	2	—
Other .. .. .	..	..	..	..	..	6	7	1
BLOOD:								
Anæmia .. .. .	..	..	..	..	..	24	32	15
NERVES:								
Epilepsy .. .. .	..	..	..	..	..	8	8	—
Chorea .. .. .	..	..	..	..	..	1	1	—
Infantile Paralysis .. .. .	..	..	..	..	..	3	3	—
Other .. .. .	..	..	..	..	..	2	3	2

ABDOMEN :									
Tuberculosis	1	1	..	—					
Other	16	16	..	10					
BONES, MUSCLES AND JOINTS :									
Tuberculosis	2	5	..	—					
Rickets	1	1	..	1					
Rheumatism	1	1	..	—					
Injuries	4	5	..	3					
Abscess	3	14	..	3					
DEFORMITIES—Due to various causes (6)									
SKIN :									
Impetigo	38	107	..	38					
Ringworm	26	208	..	19					
Eczema	14	20	..	14					
Scabies	2	8	..	2					
Alopecia	3	3	..	2					
Other	18	25	..	15					
INFECTIONS (general) :									
Mumps	4	5	..	4					
Scarlet Fever	3	3	..	—					
Whooping Cough	2	3	..	1					
Chicken-pox	3	6	..	2					
MENTAL	8	10	..	—					
EXAMINATION (general)	4	4	..	—					
Totals	369	710		201					

The number of *exclusions* was ninety-eight. Of the nineteen cases of ringworm treated at the clinic, eighteen were cured ; one being still under treatment at the beginning of the new year. Five were treated and cured by X-rays. The remaining two are girls of the same family, who have persistently refused to have X-rays or to carry out the clinic treatment, and are still under exclusion.

Most cases of ringworm could not, for some reason or other, have X-ray treatment. Although many of these were extensive cases, and there was always objection to having all the hair cut short, they were cured by frequent supervision of the treatment advised, and by the active and very effective co-operation of the nurse—thus making certain of at least two or three days' treatment per week, where the cases attended as requested.

On Mondays and Thursdays, cases of minor ailments, that had been seen on Saturdays, and cases of defect recommended for treatment at school medical inspections, attended for treatment by the nurse and for supervision of home treatment.

These attendances were as follows :—

Ringworm	226
Diseases of the eyes	48
„ „ ears	50
„ „ skin	209
Others	34
Total	567

(iii.) *Dental Treatment.*—It will be remembered that in September, 1914, Mr. Thomas, the whole-time school dentist, temporarily relinquished his civil duties to take up military service, and that during 1915 Mr. Henry Kirk was appointed as a substitute to carry on this valuable work during the period of the war. I feel that the success achieved in this work is largely owing to the skill and consideration shown by the two officers named, in dealing with young children.

I am glad to be able to report an increased appreciation of the work at the various clinics, the attendance having largely increased in all the districts; the old prejudice to dental treatment has almost entirely disappeared.

Mr. Kirk states that, without any notice being sent them, parents now bring their children for advice and information. A dentrifice made to his own formula, and to be obtained at cost price by scholars in the various schools, has been introduced, and this, I am glad to say, judging by the extensive demand for it, seems to be greatly valued. On subsequent inspections at schools where purchases have been made, a marked difference in the condition of the children's mouths, both as regards cleanliness and freshness, has been noted. I feel confident that, as the months go by, a vast field for dental work will lie before your committee, and it would be a great pity should anything arise to stop the progress of a work which is not only being appreciated, but in so many cases relieves the little patients of much suffering.

Mr. Kirk expresses his appreciation of the work of the nurses at the various clinics, and of the kind co-operation of the head teachers, without whom such happy results could not have been obtained.

Table 16 shows details of the dental work undertaken during the year 1916.

(iv.) *Ophthalmic Work.*—As mentioned previously, the ophthalmic work in the Kent schools has been discontinued temporarily since September 1st, 1915, owing to the non-appointment of a successor to Dr. Fox on his taking up military service.

An attempt has recently been made, at the suggestion of the Board of Education, to obtain a temporary substitute to carry on the work for the period of the war, but it was unsuccessful.

(v.) *X-ray Treatment of Ringworm.*—Particulars of the cases which have been treated at Guy's Hospital by means of X-rays are shown in table 17.

Owing to the fact that Dr. Palk, of Folkestone, was on military duty throughout the year, the Committee's arrangement with him for X-ray treatment of cases arising in East Kent has lapsed temporarily.

368 new cases of ringworm came to my knowledge during 1916, 155 being in boys and 213 in girls. Their distribution is shown in the diagram.

Table 16.—Summary of Dental Work carried out during the year 1916.

School Clinic.	Numbers of children examined.		Numbers requiring treatment.		Numbers treated.		Temporary teeth extracted.	Temporary teeth filled.	Permanent teeth extracted.	Permanent teeth filled.	Teeth dressed.	Children whose teeth were scaled.	Local anæsthetics administered.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.							
Ashford ..	334	260	304	189	286	160	507	167	43	22	19	32	16
Dartford ..	233	273	153	216	123	186	253	95	13	16	12	26	9
Sittingbourne ..	185	216	136	184	86	54	128	102	4	14	16	30	12
Tonbridge ..	289	206	223	167	95	89	189	96	12	13	10	35	20
Totals ..	1,041	955	816	756	590	489	1,077	460	60	53	57	123	57

Table 17.—Showing the number of cases of Ringworm which have been treated by X-rays at Guy's Hospital, London, for the Kent Education Committee, during 1916.

No. of Case.	Name of School.	Cost to Committee	Parents' Contribution (sent to Guy's Hospital).	Date Treated.	Date returned to School.	No. of days absent (counting seven days to one week)
		£ s. d.	£ s. d.			
1 } 2 }	Sittingbourne Cl. ...	*0 14 0	Nil.	Jan. 12th.	Feb. 8th.	(a) 216
3	Dartford Heath St...	0 1 3	Nil.	" 19th.	Apl. 10th.	80
4	Herne Bay Cl.	*0 15 0	Nil.	" 19th.	Feb. 18th.	(b) 227
5	Stone The Brent Cl.	0 1 3	0 1 3	" 26th.	Mar. 20th.	53
6 } 7 }	Sheerness Marine Town ...	0 7 0	0 12 0	" 26th.	" 30th.	{ 62
8	Minster in Sheppey					{ 62
	Half-way Houses	0 3 9	0 3 9	Feb. 2nd.	—	
9	Stone, The Brent ...	0 1 3	0 1 3	" 4th.	Mar. 16th.	40
10 } 11 }	Cranbrook C.E.....	*0 18 0	Nil.	May 6th.	July 21st.	{ 75
12 }	" "	*0 18 0	Nil.	" 12th.	" 21st.	{ 75
13 }	" "	*0 18 0	Nil.	" 12th.	" 21st.	{ 68
14	Cobham	0 2 3	0 2 3	" 13th.	" 5th.	68
15	" "	0 2 3	0 2 3	" 17th.	" 5th.	54
16	Dartford, "			" 17th.	" 5th.	50
	St. Alban's Rd...	0 1 3	0 1 3	" 24th.	June 29th.	36
17	Footscray,					
18 }	Longlands Cl. ...	0 2 0	0 2 0	" 31st.	Aug. 21st.	{ 82
19	" "	0 1 0	0 1 0	June 7th.	" 21st.	{ 82
20	Stone, The Brent ...	0 1 3	0 1 3	" 7th.	July 20th.	75
21 }	Cranbrook C.E.....	0 2 3	0 2 3	" 14th.	July 21st.	{ 43
22 }	" "	0 2 3	0 2 3	" 14th.	July 21st.	{ 37
23	Hawkhurst	0 3 9	0 3 9	" 21st.	" 12th.	Under Age
24	Tonbridge,			" 21st.	" 12th.	21
25 }	St. Stephen's.....	*0 9 6	Nil.	" 29th.	July 29th.	{ 30
26	Southboro',					{ Not treated
27 }	St. Peter's.....	0 5 5	0 5 5	July 5th.	Aug. 6th.	{ 30
28	" "	0 5 5	0 5 5	July 5th.	Aug. 6th.	{ 30
29	Footscray,					{ 28
30 }	Longlands Cl. ...	0 2 6	0 2 6	" 26th.	" 21st.	{ 28
31 }	" "	0 2 6	0 2 6	" 26th.	" 21st.	{ 28
32 }	Dartford C.E.	0 2 0	0 2 0	Aug. 2nd.	Sep. 4th.	{ 33
33	" "	0 1 0	0 1 0	" 9th.	Sep. 4th.	{ 33
34	Dartford,			" 9th.	Sep. 4th.	22
	St. Alban's Rd...	0 1 0	0 1 0	" 9th.	Sept. 4th.	24
35	" "	0 1 3	0 1 3	" 16th.	" 10th.	24
36	" "	0 1 3	0 1 3	" 30th.	Oct. 10th.	41
37	Wrotham			" 30th.	Oct. 5th.	36
	Boro' Green Cl..	0 2 6	0 7 6	" 30th.	Oct. 5th.	
38	Snodland,					
	The Hook.....	0 2 11	Nil.	Oct. 11th.	Nov. 7th.	27
39	Snodland C.E.	0 2 11	Nil.	" 12th.	" 7th.	26
40	Eynsford Cl....	0 1 8	0 1 8	" 18th.	Nov. 29th.	42
41	Dymchurch.....	—	0 7 6	" 25th.	Jan. 15, '17	82
42	Bexley, Welling Cl.	0 1 0	0 1 0	" 25th.	Nov. 28th.	34

Continued

Table 17.—*Continued.*

No. of Case.	Name of School.	Cost to Committee	Parents' Contribution (sent to Guy's Hospital).	Dated Treated.	Date returned to School.	No. of days absent (counting seven days to one week)
		£ s. d.	£ s. d.			
43	Rainham Cl.	0 6 6	Nil.	Nov. 8th.	Dec. 6th.	28
44)	Ashford, West Street	0 18 5	0 5 0	" 22nd.	Jan. 11th.	50
45)				" "	1917	50
46)	Dartford, York Rd...	0 2 6	0 5 0	Nov. 29th.	Still	absent
47)	Wrotham, Platt	0 2 6	Nil.	Dec. 2nd.	Still	absent
48	" "	Nil.	Nil.	" "	Under	age
49		8 0 4	3 16 4	—	—	Average absence 54·4 days.

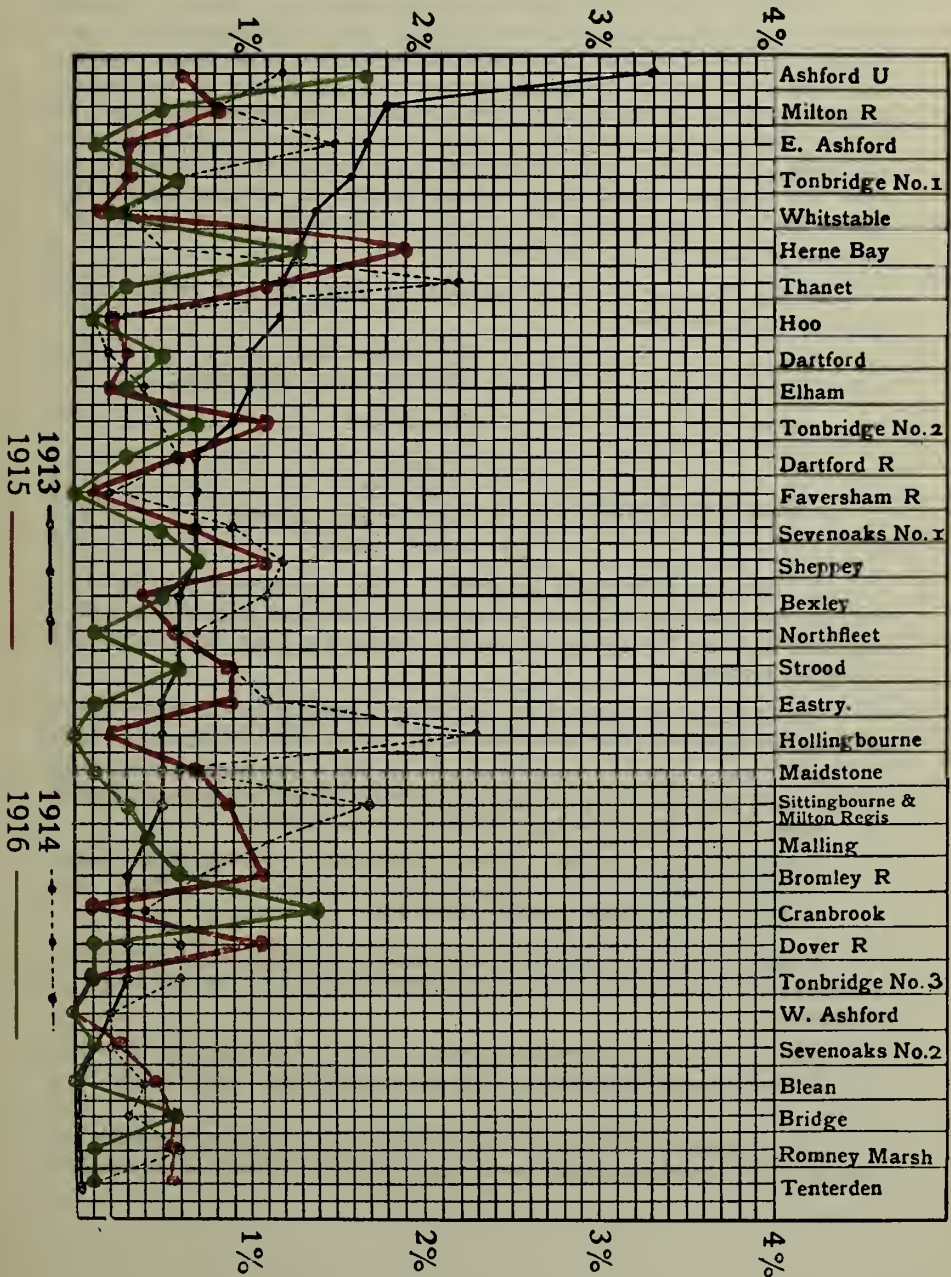
It will be noted that fewer children were X-rayed in 1916 than in 1915. This was owing to the fact that, for some time, the Authorities at Guy's were unable to treat cases owing to lack of tubes and Staff.

* Fares of Children and Guardians.

(a) 3rd Application (Continuation of previous exclusion).

(b) 2nd Do. Do. Do.

Diagram showing the percentage number of cases of RINGWORM, in the areas of the various Local School Attendance Committees, reported to the School Medical Officer during the years 1913, 1914, 1915 and 1916.



Details of other Ameliorative Arrangements.

(a) KENT COUNTY OPHTHALMIC HOSPITAL.—As stated in my last annual report, arrangements have been entered into with the Kent County Ophthalmic Hospital at Maidstone for the treatment of defects of the eye, ear, nose and throat of school children, in cases recommended for treatment by the school medical inspectors at the routine inspections. Copies of the recommendation forms are sent to my central office at Maidstone, and the secretary of the hospital also supplies information each month as to the children treated under these arrangements. In addition, the names of all the scholars concerned are entered in the school medical log-book, so that the children treated may, automatically, be brought before the school medical inspector on the occasion of his next visit to the school, in order to ascertain the result of treatment.

During the year 1916 the numbers of cases treated under these arrangements were:—

EYES	{	Spectacles, &c.	673
		Defects other than vision ..	223
EARS		Treatment	99
NOSE AND THROAT ..	{	Tonsils	11
		Adenoids	84
		Tonsils and Adenoids ..	221
		Other defects	42

(b) BROMLEY COTTAGE HOSPITAL.—The arrangement with this hospital for operative treatment of enlarged tonsils and adenoids in school children has also been very successful during the year, forty-five cases being so treated.

The children are treated on Saturday mornings in batches of five, and all arrangements for attendances, etc., are made through this office.

(c) OTHER HOSPITALS.—Arrangements have also been entered into, in the early part of 1917, for the operative treatment of enlarged tonsils and adenoids, at the following hospitals in the County:—

Ashford Cottage, Bexley Cottage, Chislehurst, Orpington and Cray Valley Cottage, Faversham Cottage, Gravesend Cottage, and Herne Bay Queen Victoria Memorial.

At the time of writing, the arrangements have not come into operation, owing to difficulties having arisen in connection with one of the hospitals mentioned.

The procedure for obtaining treatment and following up the cases will be the same as that adopted for the Kent County Ophthalmic Hospital.

(d) RAMSGATE EDUCATION COMMITTEE.—The agreement with the Ramsgate Education Committee for the operative treatment of enlarged

tonsils and adenoids at the Ramsgate Hospital, and the testing of cases of defective vision and inspection of minor cases at the school clinic, did not come into operation until 1917.

(e) FACILITIES, APART FROM PROVISION MADE BY THE LOCAL EDUCATION AUTHORITY, FOR OBTAINING TREATMENT. (i.)—In addition to the above, many children have been enabled to obtain treatment in different parts of the county through local philanthropic sources. Where special difficulties arise in connection with cases owing to lack of means on the part of the parents, or to no provision existing for treatment under direct arrangement by the Kent Education Committee, I communicate with school managers and ask their co-operation in securing treatment. In this way treatment has been secured for defects at various London hospitals, and at orthopædic departments, the managers, where necessary, obtaining local assistance towards fares, etc., and the provision of surgical appliances.

(ii.) Cases of tuberculosis coming to my knowledge have been referred to the county tuberculosis dispensaries for examination and advice, and, where so recommended, patients are sent to various sanatoria under the tuberculosis scheme of the Kent County Council.

(iii.) In February 1916, the Chairman of the Trustees of the Bergman Österberg Physical Training College at Dartford, wrote to me with reference to the question of the establishment of a small clinic at the college, at which all ordinary school deformities, such as spinal curvature, round shoulders, defective chest development, flat-foot, etc., could be treated. He asked for the co-operation of the Local Education Authority, to the extent of referring suitable cases for treatment after examination by the school medical inspectors.

With the assistance of the local head teachers, local attendance committee and the medical officer of the Dartford School Clinic (who examined all the children recommended before they were referred to the Remedial Exercises Centre), it was found possible to get together a sufficient number of suitable cases to make a commencement of the work on October 9th, 1916.

The centre is under the direct supervision of Dr. F. Barrie Lambert, as medical officer, and of expert gymnasts, and is held from two to three o'clock on Monday, Wednesday and Friday afternoons. All the children attending from elementary schools are in due course presented to my school medical inspector on the occasion of his routine inspections held at the schools, so that a note as to any improvement in their condition may be entered in the medical log-book.

Dr. F. Barrie Lambert has kindly supplied me with the following brief report of the working of the clinic, to the end of 1916 :—

“Twenty children attended the clinic from September 1916 to December 1916. Nineteen were suffering from various curvatures, one from fractured radius.

Out of the nineteen cases of curvature—

Sixteen were first-degree curves, of whom two were cured and the rest improved.

Two were second-degree curves, who improved a great deal.

One was a third-degree curve, who has improved.

So many of the children suffer from such slight curves that remedial gymnastics are hardly necessary. It is a pity that so good a clinic could not be used for more advanced cases of deformity, and also cases of infantile paralysis or other nervous diseases—bronchitis, breathing classes after adenoids or any fractures or sprains.”

EXCLUSIONS.

Table 18.

Exclusion certificates have been issued by the School Medical Inspectors and Nurses for the following conditions:—

	Medical Inspectors.	Nurses.	Total.
Ringworm	87	138	225
Impetigo and Sores	199	245	444
Scabies	80	31	111
Mumps	12	26	38
Whooping Cough	24	8	32
Diphtheria	94	25	119
Scarlet Fever and various “rashes”	15	11	26
Chicken-pox	28	5	33
Sore throat	28	20	48
Tuberculosis and suspected Tuberculosis	40	7	47
Debility	53	8	61
Epilepsy	7	—	7
Heart Disease	8	—	8
Chorea.. ..	9	—	9
Ear Discharge	18	—	18
Vision	49	—	49
Conjunctivitis	25	7	32
Pulmonary Affections (non- tuberculosis)	49	3	52
Vermineous conditions	91	1,425	1,516
Various	33	9	42
	<hr/> 949	<hr/> 1,968	<hr/> 2,917

Of the 1,425 children excluded by nurses for verminous conditions, 139 were excluded on two separate occasions, 53 on three occasions, and 19 on more than three occasions.

Regulation 194 (b) requires that the names of all children who receive medical certificates allowing absence for one month or more, must be reported to the school medical officer. This instruction has reference to certificates given by practitioners who are not medical inspectors, and in compliance with the above regulation, 275 certificates were received. In certain cases, certificates requiring exclusion for a shorter period were forwarded.

It is now necessary for every certificate requiring exclusion of a child, issued by a medical practitioner, to be entered in the medical log-book. These certificates are scrutinised by the medical inspectors at the routine inspection, and any children who have been so excluded are examined, provided the cause of absence indicates that such examination is desirable.

In certain of the above instances, enquiries were deemed necessary, and in a large number of cases the school attendance officer was requested to arrange that the children excluded should be presented at the next inspection.

Table 19.

EXCLUSIONS BY PRIVATE PRACTITIONERS.

Disease.	Period of Exclusion.			Total.
	4-5 weeks.	6 weeks & over.	Indefinite.	
Phthisis	2	2	2	6
Other Tuberculosis Diseases	6	24	5	35
Chest Ailments	9	8	19	36
Infectious Diseases	9	13	4	26
Ringworm	12	4	6	22
Other Contagious Diseases	7	0	4	11
Pustular Eczema	8	0	1	9
Eye Defects and Diseases	8	2	1	11
Ear Discharge and Defects	3	0	0	3
Heart Disease	1	1	1	3
Debility and Anæmia	14	20	11	45
Rheumatism	2	0	2	4
Epilepsy and Chorea	7	5	3	15
Spinal Disease	—	4	4	8
Mental Deficiency	—	2	—	2
Various Ailments	11	22	6	39
Totals	99	107	69	275

INFECTIOUS DISEASES.

Review of action taken to detect and prevent the spread of infectious diseases, including reference to action taken under Articles 45 (b), 53 (b), and 57 of the Code of 1908.

When a head teacher has reason to believe that a child is, or may be, suffering from scarlet fever, diphtheria, typhoid fever or measles, the circumstances should be reported, both to the medical officer of health for the district and to the school medical officer, on forms supplied for that purpose. As regards other infectious diseases, such as whooping cough, mumps, and the like, teachers are similarly instructed to report the existence of such diseases to the medical officer of health of those districts where special arrangements have been made for that purpose. These arrangements are only made when the local organisation is such that it is possible to put to practical use the information conveyed by the teacher. In other instances, the instructions forwarded to head teachers state that the school medical officer should be notified when there is reason to believe that a school is threatened with an epidemic. A visit of the medical inspector is then arranged, where necessary, for the purpose of giving advice as to the course of action to be followed.

All teachers are provided with information respecting the symptoms of the commoner zymotic ailments and the chief epidemiological features of these diseases, as well as suggestions relating to the duration of exclusion of patients and contacts. A pocket memorandum, setting out the main features presented by the commoner infectious diseases observed in schools, has likewise been prepared; and each teacher in the Committee's employ has been supplied with a copy.

The precautionary notices, prepared previously, and approved by the Committee for distribution in schools threatened with outbreaks of scarlet fever, diphtheria, whooping-cough or measles, are forwarded to a school when considered desirable.

SCHOOL CLOSURES.—The following tabulation sets out the number of school closures, the different diseases which called for that step, and the duration of closure :—

Table 20

Reason for Closure.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 week .	4-5 weeks.	5-6 weeks.	6 weeks & over,	Total.
Chicken-pox	—	1	—	—	—	—	—	1
Scarlet Fever	—	—	2	—	—	—	—	2
Measles	5	7	10	11	7	2	—	42
Diphtheria	4	—	1	1	—	—	2	8
Mumps	1	—	—	—	—	—	—	1
Whooping Cough ..	—	4	6	6	4	1	—	21
Measles and Influenza	—	—	—	—	—	—	—	—
Scarlet Fever and Diphtheria ..	—	1	—	—	—	—	—	1
Chicken-pox and Influenza ..	—	—	—	—	—	—	—	—
Measles & Chicken-pox	—	—	—	1	—	—	—	1
Measles and Whooping Cough ..	—	1	1	—	—	—	—	2
Mumps and Whooping Cough	—	—	—	1	—	—	—	1
Rubella	—	—	1	1	—	—	—	2
Miscellaneous	—	1	—	—	1	—	—	2
Totals	10	15	21	21	12	3	2	84

Very few schools were closed by Local Sanitary Authorities under Article 57 of the Education Code.

I do not consider that the question of school closure is satisfactorily met by present procedure. As pointed out previously, it frequently happens that epidemic prevalence of infectious diseases arises independently of the schools. It affects attendance just the same, and there is always the temptation to yield to economic considerations and close the affected schools in order to save grant. In assessing the amount of grant, it might be possible to consider the general efficiency of a school, instead of merely noting the average attendance, but this question is outside my province.

The disinfection of schools, and the closure of Sunday schools, are provided for in the two following regulations :—

“ After a school has been closed on account of the prevalence of infectious disease, it is necessary that a special wet-cleansing of the whole school should be carried out. All surfaces which can be washed should be so treated. All maps, pictures, and other articles liable to retain dust should be taken down and wet-cleansed ; cupboards should be opened, and all useless litter destroyed. Authority for the destruction of stock articles should be sought on Form St. 505 (Committee's Regulations, paragraph 97). In those districts where the disinfection of premises after scarlet fever and diphtheria is undertaken by the Sanitary Authority, it would be advisable for the Managers to arrange for the final special cleansing to follow

that process. If a supply of disinfectant is required for adding to the water for use in scrubbing the floors, the same should be applied for to the Kent Education Committee on the usual requisition form.

"When a school has been closed to prevent the spread of infectious disease, it is desirable that the Sunday schools in the area from which the children are drawn should be closed also for the same period, although they are not held in the school buildings."

The following rules, which refer to infectious diseases, are contained in "Regulations for School Attendance Officers":—

13. "All schools should be visited as soon as possible after re-opening (including re-opening after closure for infectious disease.)"

15. "The Officer should without delay notify to a head teacher any information that he may obtain with regard to the outbreak of any infectious disease in the district served by the school."

16. (b) "The Officer should give special attention to any district that is visited or threatened by an epidemic. In such cases more frequent visits should be made, all absentees should be looked up, and the School Medical Officer should be informed of all suspected cases of compulsorily notifiable diseases that are not under the supervision of a medical man."

Medical inspectors continue to co-operate with district medical officers of health, by assisting in the investigation of outbreaks of infectious diseases affecting schools, particularly in the case of scarlet fever and diphtheria.

Exclusion of Children from School and School Closure.

During the year I was instructed by you to report concerning the question of exclusion of individual children from school, and the more extensive exclusion involved in school closure.

This instruction was given to me owing to the amount of misunderstanding which exists on this subject in certain portions of Kent, especially amongst the school managers of some districts.

The two classes of exclusion referred to above are necessitated usually owing to the presence of certain infectious diseases, but the measures which should be taken vary according to the characteristics of some of these diseases.

It has been stated in an official combined memorandum from the Local Government Board and the Board of Education, that success in the control of infection depends on the completeness and promptitude with which each case of infectious disease is recognised, and the completeness and promptitude of the action taken on this information. All known cases of the diseases under the Infectious Disease (Notification) Act, are notified to each district medical officer of health. The most important and common of these diseases which affect school children are diphtheria and scarlet fever, and to this compulsorily notifiable list measles and rubella have been added recently. Whooping-cough is the most common disease

affecting school children, not included in the above list, and it may be referred to as a voluntarily notifiable disease.

When a case of compulsorily notifiable infectious disease has been reported to the district medical officer of health, it should be investigated fully, and in such investigations visits to homes and schools may be needed, especially with a view to the examination of children who have been in contact with the notified children, and who may be referred to as "contact" cases. The close co-operation of medical officers of health, school medical officials, teachers, school attendance officers and parents are required throughout, and inter-communication between these medical officials and teachers is most important.

Full instructions and suggestions were issued in 1914 to inspecting officers and others concerned in work amongst school children respecting infectious diseases. In such, the questions of school closure and exclusion from school of particular children were dealt with. These instructions were issued in what is now known as the "Red Handbook."

The following remarks amplify certain points concerning which some misapprehension has arisen during the year under review.

In the combined memorandum referred to above, it is stated that closure of a school will deprive the Medical Officer of Health and the School Medical Officer of information respecting attacks in their early stage or illness of doubtful nature, which would otherwise be obtainable, and in any circumstance will interfere seriously with the education of the scholars. Closure therefore should be advised only in circumstances involving imminent risk of an epidemic, and not then as a matter of routine, nor unless there be a clear prospect of preventing the spread of infection such as cannot be expected from less comprehensive action. In attempting to follow this official advice, there has sometimes been a difference of opinion between the medical and the lay mind as to when school closure is, or is not, advisable in the best interests of all concerned. This difference of opinion has arisen in Kent, during the year 1916, with respect to diphtheria.

In the memorandum referred to above it has been laid down that the examination of the throats of "contacts," whenever practicable, by bacteriological means, is a most important aid to precautionary measures against the spread of diphtheria. If a positive result is obtained in the case of children showing no evidence of diphtheria, the presence of some measure of infection must be assumed, though it will not be advisable to insist on the removal of such patients to an isolation hospital. Also clinical examination of contacts and other children often throws valuable light on the origin of outbreaks of diphtheria. Particular attention should be paid to children who have been absent without known cause, or who show evidence of pallor, enlarged glands, or sore noses.

In the rules for exclusion of individuals as regards each child attacked by diphtheria, and when treated in an isolation hospital, it has been laid down that the patient should, when practicable, be detained until three successive throat swabs, taken on different days, have given consistent negative results. These swabs should not be taken until at least forty-eight hours have elapsed since the last application of any disinfectant to the throat. Such children should not return to school for at least two weeks after going home. When the patient has been treated at home, similar precautions should be adopted.

As regards children living in houses infected with diphtheria, when the patient has been removed to the isolation hospital, the teacher and the parent should be instructed to keep all children living in the same house away from school during the next two complete weeks, or even longer, unless these children have been cleared by negative result of bacteriological examination. This interval is desirable owing to the frequent occurrence of slight cases of diphtheria and "carrier" cases. When the patient is treated at home, no other child from the same house should attend school while the patient is infectious, nor for at least two weeks afterwards.

In the rules for school closure it has been stated that, although diphtheria, like scarlet fever, and unlike measles, usually spreads comparatively slowly in schools, it is apt to be very persistent, and not infrequently causes serious mortality, especially among children under five years old. For these reasons, when cases of this disease occur in an infant school, there should be no hesitation in excluding children from attendance who are below the age of compulsory school attendance. This latter remark applies also for measles and whooping-cough.

Closure of other classes of the school should not be necessary. A careful clinical examination, and, where practicable, bacteriological investigation for the detection of diphtheria bacilli in the pharyngeal or nasal mucus of children, who have had slight sore throats, and of all other children who have been in contact with diphtheria patients, should be made.

For this purpose it may be necessary at times to examine swabs taken from the throat of each child at school. The systematic use of these measures should obviate the need for school closure for diphtheria.

If these measures are not followed carefully, the difficulties in checking the spread of diphtheria are rendered very great.

As an illustration of this, the following note is interesting. During 1916, several sore throats occurred at a country school serving a large, scattered district. The school was closed before a bacteriological investigation could be carried out. A special nurse was engaged to give her whole time in taking throat swabs at the homes of the scholars. The houses were so scattered that the children had to be collected subsequently at the school, for this purpose, as the nurse could not possibly get round

to the homes. This indicates that premature school closure for diphtheria causes a loss of valuable information.

Somewhat similar observations to the above apply also in the case of scarlet fever. Closure is not only very often ineffective, but it robs the medical officer of health and the school medical officer of a valuable source of information. The spread of scarlet fever in schools is frequently due to the presence of an unrecognised case amongst the scholars and if these are distributed to their homes the case remains unrecognised and probably continues to spread infection. On the other hand, if a careful clinical investigation is undertaken when it appears likely that the school itself is responsible for the spread of the disease, the case may be recognised and isolated until free from infection.

The local medical officer of health is the official primarily concerned with the prevention of the spread of scarlet fever and diphtheria in his district, but I am always only too willing to co-operate with him in investigating school outbreaks.

TONBRIDGE CLEANSING STATION.

This was opened in connection with the clinic in June 1915.

It consists of a waiting-room, undressing-room, bath-room, dressing-room and rooms for washing the hair and disinfecting of garments.

For some time in 1916 it was used as a bathing centre by the military. This was not a success, and special baths were built for the latter, leaving the station free again for the use of children. The number of children attended to during 1916 was 218. This included bathing, washing of head and combing of hair. Tooth brushes were also supplied at cost price.

Dr. de Villiers reports that the advantages of having their children attended to here are gradually overcoming the scruples of the parents, who will now allow the children to be treated without as much persuasion as was formerly the case.

It is really difficult to over-estimate the beneficial effects of a thorough cleansing on some of these children—at least once in a while. It seems to rouse their latent powers—mental, moral and physical. Greater legal authority ought to be allowed to teachers to enforce such cleansing, after having warned the parents, taking into consideration the alarming state of dirtiness sometimes existing.

The usefulness of the work will increase with its popularity.

MENTAL DEFICIENCY.

The following four classes of persons are assumed to be defective under the Mental Deficiency Act, and a comprehensive statement dealing with each of these classes was contained in my Annual Report for 1914 :—

(1) *Idiots*, or persons unable to guard themselves from common physical dangers ;

(2) *Imbeciles*, or persons whose defect is so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so ;

(3) *Feeble-minded Persons*, or persons who require care, supervision and control for their own protection or for the protection of others, or, in the case of children, who appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools ;

(4) *Moral Imbeciles*, that is to say, persons who from an early age display some permanent mental defect, coupled with strong, vicious or criminal propensities on which punishment has had little or no deterrent effect.

Section 31 (1) of the Act places certain duties on Local Education Authorities, viz., to make arrangements—

(1) for ascertaining what children within their area are defective within the meaning of the Act ;

(2) for ascertaining which of such children are incapable by reason of mental defect of receiving benefit, or further benefit, from instruction in special schools or classes ;

(3) for notifying to the local control authority the names and addresses of defective children with respect to whom it is the duty of the local education authority to give notice under the provisions hereinbefore contained.

Any child who is thought by a school teacher to be mentally defective, is required to be presented, for, examination to the school medical inspector, who makes a complete detailed report on the case to the School Medical Officer on Schedule “ F.” Attendance Committees are also required to bring to the notice of the Education Authority any such children who are not in attendance at school, and these, in turn, are examined by the school medical inspector at the earliest possible opportunity.

In 1916, fifty-five cases were thus dealt with, and the following tabulation shows the nature of the certificates issued by the School Medical Officer during the last three years :—

	1914.	1915.	1916.
Schedule “ A ”—Child not incapable of receiving educational benefit in a public elementary school	1	0	1

Schedule "B"—Feeble-minded, but capable of receiving educational benefit in a special school or class	62	112	36
Schedule "C"—Incapable of receiving benefit from instruction in a special class or school, <i>e.g.</i> , idiots and imbeciles ..	28	31	17
Schedule "D"—Incapable of receiving <i>further</i> benefit from instruction in a special school or class	0	0	0
Schedule "E"—Detrimental to interests of other children to admit to, or continue at, special class or school, <i>e.g.</i> , moral imbeciles	2	4	1

The cases notified by the Local Education Authority to the Local Authority under the Mental Deficiency Act, and such cases for whom places have been found at approved institutions, in 1916, are shown in the following tabulations:—

CASES NOTIFIED.

Idiots.		Imbeciles.		Moral Imbeciles.		Feeble-Minded persons.	
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
3	2	5	6	—	—	2	2

CASES PLACED IN INSTITUTIONS.

Idiots.		Imbeciles.		Moral Imbeciles.		Feeble-Minded persons.	
Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
3	—	9	7	—	—	2	1

Of the imbecile boy, one has died in an institution during the year.

In addition to the above, seventeen cases were notified under the Act by other persons, and seventeen such cases were placed in institutions. Only three of these cases were children.

Two feeble-minded cases have been placed in institutions under the Elementary Education (Defective and Epileptic Children) Acts by the Local Education Authority.

TONBRIDGE "SPECIAL" SCHOOL.

Dr. de Villiers has assisted me in writing this section relating to the special school at Tonbridge.

Opened September 24th, 1914.

Number on the register at beginning of 1916	..	..	49
Number admitted during the year	..	..	4
Number who left	..	..	4
Number on the register at end of the year	..	..	49

Of the four who left, one was certified an imbecile and incapable of receiving further benefit from instruction in a special school or class ; one became of age, *i.e.* sixteen years, who had sufficiently improved to be employed in a cricket-ball factory ; and the remaining two left the neighbourhood.

The school is continuing its valuable work, and the improvement, mental and physical, shown by the pupils is most satisfactory. Especially does the greater mental stability and confidence, in nearly every case, give a promise of useful results.

Primarily, efforts are made to train the children to be well-behaved, self-reliant and industrious. They speedily become eager to take their part in the work that is going on, and are contented in their employment and surroundings. With the special educational methods adopted, efforts are made to strengthen their powers of observation and concentration, and thus to train them to think and act on their own initiative.

Handiwork is the prominent feature throughout the school. Both the boys and girls are taught gardening, netting, macramé, basketry, housewifery, needlework and knitting. In addition, the senior boys are taught rug-making, bent ironwork and light woodwork ; the girls, cookery and laundry work ; and the junior division, modelling in plasticine and play-wax, paper-cutting and modelling, and weaving in moir, wool and raffia.

Ideally we require to progress still further with instruction in more definite trades, thus finding out the special tastes and capabilities of each of the more advanced pupils.

Several of these older scholars are by now progressing normally in everything except reading, writing and arithmetic. In these latter they are merely dull and backward, or only backward. To admit them to an ordinary elementary school, however, would be most undesirable, for, suddenly losing the support of the special and additional educational methods, they would flounder hopelessly, and would in most cases be left irrevocably in the rear, thus leaving hold of those most important assets, self-confidence and self-reliance.

Therefore it seems very desirable that they should be taught the beginnings of a trade whilst continuing their studies in reading, etc., at the special school.

During the year classes in laundry work and light woodwork have been started.

Investigating the lines of improvement more in detail, we find that, as we would expect, the best and quickest results were obtained with those whose mental development was only retarded owing to unfavourable environment, malnutrition, neglect and other more definite physical diseases and defects.

To obtain the correct medical treatment for these physical defects, that have a most deterrent and retrograde effect, is most difficult.

Parents are more interested in, and are more willing to make efforts to improve and advance their normal children. Many defects, therefore, have to be notified again and again before any steps are taken to rectify matters. With these, and the training of defects in speech, considerable difficulty arises.

Emotional defects also are *difficile* and erratic. Motor stability and sustained mental effort, self-control and self-denial, habits and morals, all show gratifying results, together with intelligent association of ideas.

Manual dexterity shows all-round improvement, except in those cases where there is a definite defect in ideas and comparison of length, size or shape.

Erratic, contorted or varying mental impressions of letters, figures, colours, ideas of length, size, etc., are gradually diverted into their proper channels, and, by constant method and practice, made to flow naturally in these channels. The result is a healthier and happier mental atmosphere.

At present an extra room and a covered playground are to be added.

DARTFORD "SPECIAL" SCHOOL.

Dr. Farthing is acting temporarily as Medical Officer in connection with this special school, in the absence of Dr. Hamilton (on military service). He is directly responsible to the Kent Education Committee, and not through me, as School Medical Officer.

On the work of this school during 1916, he reports that in many cases there is distinct improvement in the intellectual development of the children, whilst others show but very little improvement. Considerable attention is given to training in speech, with some success.

Handiwork is given great prominence in a variety of subjects. The boys are taught gardening, netting, rug-making, basketry and woodwork ; whilst the girls learn gardening, netting, cookery and housewifery.

Needlework and knitting are taught to both boys and girls throughout the school.

Endeavours are made to put the children into suitable occupations upon leaving school, but some parents are very desirous of removing their children before the age of sixteen.

VARIOUS DETAILS.

DEFECTIVE CHILDREN REMOVED TO INSTITUTIONS.—In addition to the two mentally defective children already referred to as having been placed in institutions, the following are the numbers of blind, deaf, epileptic and physically defective children who were reported as being suitable for residential defective schools and the numbers of such children who were placed in such institutions, during the year :—

					Cases scheduled by School Medical Officer.		Cases removed.
Blind	..	..	..	..	6	..	2
Deaf	..	..	..	..	15	..	9
Epileptic	..	..	..	..	7	..	4
Physically Defective	..	..	..	..	9	..	3

PROVISION OF MEALS TO NECESSITOUS SCHOOL CHILDREN.—No meals were provided during the year under the Provision of Meals Act.

PHYSICAL TRAINING.—The Kent Education Committee have considered the question of the appointment of organising instructors of physical exercises, and have deferred taking any action in the matter until after the end of the war.

JUVENILE EMPLOYMENT.—At the present time, work in connection with juvenile employment in Kent is limited to eight districts, in which schemes under the Education (Choice of Employment) Act, 1910, have been put into operation. These are all areas which are autonomous for purposes of elementary education.

The Kent Education Committee have adopted the general principle of extending the operation of this Act over the whole county area, and hope to deal with the matter when the end of the war is really in sight, so that the Committees formed may be in a position to assist in the many problems which will arise on demobilisation.

This question comes within the scope of the Higher Education Department, but when the scheme is extended, no doubt the School Medical Officer will be in a position to co-operate in every way possible, so far as any medical question is concerned.

TABLE 21.

Examinations of Pupil Teachers, Bursars, etc.

Denomination of Persons.	Numbers examined.	Defects of								Squint.	Blepharitis.	Anæmia.	Scoliosis.	Flatfoot.	Heart disease.	Other conditions.	Recommendations made.				
		Teeth.		Articulation.	Breathing.	Tonsils.	Ears.		Vision.								Teeth.	Tonsils.	Vision.	Hearing.	Other conditions.
		4 —	4 +				Deafness.	Discharge.													
<i>Female—</i>																					
Bursars	33	13	3	—	—	1	—	—	6	—	—	1	—	—	2	{ Acne 1 Thyroid 1 Acne 3 Deformities .. 2 Choreic 1 Goitre 2	6	1	4	—	{ Breathing, 1 Heart, 1 Anæmia, 1
Pupil Teachers ..	87	46	6	4	1	8	—	—	25	1	—	—	2	3	3	{ Deformities .. 2 Choreic 1 Goitre 2	—	—	—	—	{ Rejected, 1 Breathing, 3
Assts. in Secondary Schools	23	15	—	1	—	1	—	—	4	—	—	1	—	—	—	{ Rhinitis 1 Headaches .. 1	1	—	—	—	{ Blepharitis, 1
Free Place Scholars in Secondary Schools	129	84	3	2	—	16	1	—	18	1	1	6	2	1	7	{ Tubercular Glands 1 Eczema 1	9	5	18	—	{ Anæmia, 4 Heart, 3 Breathing, 1 Glands, 1 Anæmia, 1 Scoliosis, 1 Flatfoot, 1.
Senior Exhibitioners	7	1	1	1	—	1	—	—	2	—	—	—	—	—	—	{ Septic Sore .. 1	1	—	—	—	{ Breathing, 1. Tonsils, 1.
Junior ..	9	5	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Junior County Scholars	10	9	—	—	—	1	—	—	4	—	1	1	—	1	—	{ Weak Chest .. 1 Acne 1	4	—	4	—	{ Care of Lungs, 1. Breathing, 1.
<i>Male—</i>																					
Bursars	6	5	—	—	—	—	—	—	1	—	—	—	—	—	—	{ Varicocele .. 1	—	—	—	—	—
Pupil Teachers ..	5	4	—	—	—	—	—	—	2	—	—	—	—	—	—	{ Slight Limp .. 1	1	—	1	—	—
Assts. in Secondary Schools	3	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Free Place Scholars in Secondary Schools	89	45	8	6	—	12	—	—	15	—	—	—	—	—	—	{ Hammer Toe .. 3 Varicocele (Slight) 2	—	—	—	—	{ Hammer Toes, 3. Weak Heart, 1. Rejected, 1.
Artificers	11	5	1	—	—	2	—	—	—	—	—	—	—	—	1	—	1	—	—	—	{ Approval deferred, 1
Senior Exhibitioners	9	6	1	1	1	1	2	—	—	—	—	—	—	—	1	—	—	—	—	—	{ Heart, 1. Breathing, 1.
Junior ..	11	3	—	—	—	—	—	—	4	—	—	—	—	—	—	{ Hernia 1	—	—	2	—	—
Junior County Scholars	11	9	—	—	—	7	—	—	3	—	—	1	—	—	—	—	—	1	3	—	—
Total	443	250	23	15	3	51	3	—	85	2	2	10	4	5	14	24	24	8	32	—	32

TABLE 21.

Denomination of Persons.	Numbers examined.	Tecth.				Articulation.	Breathing.
		Tecth.		Articulation.	Breathing.		
		4 —	4 +				
<i>Female—</i>							
Bursars	33	13	3	—	—	—	
Pupil Teachers ..	87	46	6	4	—	—	
Assts. in Secondary Schools	23	15	—	1	—	—	
Free Place Scholars in Secondary Schools	129	84	3	2	—	—	
Senior Exhibitioners	7	1	1	1	—	—	
Junior ..	9	5	—	—	—	—	
Junior County Scholars	10	9	—	—	—	—	
<i>Male—</i>							
Bursars	6	5	—	—	—	—	
Pupil Teachers ..	5	4	—	—	—	—	
Assts. in Secondary Schools	3	—	—	—	—	—	
Free Place Scholars in Secondary Schools	89	45	8	6	—	—	
Artificers	11	5	1	—	—	—	
Senior Exhibitioners	9	6	1	1	—	—	
Junior ..	11	3	—	—	—	—	
Junior County Scholars	11	9	—	—	—	—	
Total	443	250	23	15	3	—	

EMPLOYMENT OF CHILDREN IN AGRICULTURE.—Although the question of the exemption of children from school attendance for agricultural employment does not come within the province of the School Medical Officer, the following information under this heading, relating to the year 1916, is of interest :—

Licences are issued at the entire discretion of the School Managers, and are granted on the undertaking that the child shall be employed only under the supervision of the parent or the employer, and only on work which is suitable to its age and physical condition, and for not more than forty-eight hours in any week. The employer has also to state that his shortage of labour is acute, and that he has made every effort, supported by the offer of reasonable wages, to secure labour, and more particularly by employing women. No licence is granted from October to March, except to boys of thirteen years of age or over, but in summer months boys and girls over twelve years of age are eligible. The parent is required to obtain from a duly qualified medical practitioner a certificate that the child is physically fit to undertake the proposed employment. During the year 1916, 2,733 licences (1,775 to boys and 958 to girls) were granted during the summer months, and 640 (to boys only) during the winter months.

I have given instructions to the school medical inspectors to refer to the medical records of children to whom licences have been issued, at their usual routine inspections at the schools, to examine, if necessary, any children who have returned to school, and to send me any observations of interest.

EXAMINATION OF SCHOLARSHIP CANDIDATES, PUPIL TEACHERS, OR TEACHERS OF ANY GRADE.—You have adopted a scheme for the examination of pupils in the maintained secondary schools, but the initiation has been delayed owing to the war. Briefly the scheme is as follows :—A woman doctor will be added to the present medical staff, and the present elementary work will then be re-arranged so that each doctor has a smaller area to deal with. This new division of labour will be so managed that the existing staff will have sufficient time available for undertaking the secondary work in the boys' schools, whilst the new woman official will have about one-third of her time available for inspecting the girls and female teachers.

The table facing this page shows the results of the examination of scholarship children, pupil teachers, etc., by the whole-time medical inspectors, during the year 1916.

